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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Chi Psi Omega Plus Inc. Name of Corporation)
DOCUMENT NUMBER: NO600003766
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Barbara Thomas, President (Name of Person)
Chi Psi Omega Plus Inc. (Name of Firm/Company)
P.O. Box 771855 (Address)
Coral Springs, FL 33077 (City/State and Zip Code)
For further information concerning this matter, please call:
Valoria W. Latson (Name of Person) at (#54) 322-5606 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Valoria W. Latson , hereby resign as Secreta	ry/Direc	tor
of Chi Psi Omega Plus Inc. (Name of Corporation)		,
NO6 0000 3766 , a corporation organized under the laws (Document Number, if known)	of the State of	
Florida		
Valoria St. Lalyano (Signature of resigning officer/director)	SECRETARY OF STATE TALLAHASSEE, FLORID	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314